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Substitute for Form PTO-875

Application of Dooke Number

Application or Docket Number
10-049,632

(Column 1) (Column 2)

| | | (Column 1) | (Column 2) |
|---|--|--------------|------------|
| FOR | NUMBER FILED | NUMBER EXTRA | |
| BASIC FEE (37 CFR 1.18(a), (b), or (c)) | | | |
| SEARCH FEE (37 CFR 1.18(k), (l), or (m)) | | | |
| EXAMINATION FEE (37 CFR 1.18(e), (p), or (q)) | | | |
| TOTAL CLAIMS (37 CFR 1.18(l)) | minus 20 = | * | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | minus 3 = | * | |
| APPLICATION SIZE FEE (37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
|------------|------------|------------|

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|--|---|---|----|---|------------------|-----|
| | Total (37 CFR 1.16(f)) | * | 26 | Minus | ** 26 | = — |
| | Independent (37 CFR 1.16(h)) | * | 3 | Minus | *** 3 | = — |
| Application Size Fee (37 CFR 1.16(s)) | | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(j)) | | | | | | |

| SMALL ENTITY | |
|--------------------|---------------------|
| RATE (\$) | ADDITIONAL FEE (\$) |
| X | = |
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| | |
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| TOTAL AOL & FEE | |

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| SMALL ENTITY | |
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| RATE (\$) | ADDITIONAL FEE (\$) |
| 1 | |
| 2 | |
| | |
| TOTAL | |
| ADDITIONAL FEE | |

| AMENDMENT B | (Column 1) | | (Column 2) | | (Column 3) |
|---|---|------|---|--|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESTRA EXTRA |
| Total (37 CFR 1.16(n)) | * | None | ** | | 1 |
| Independent (37 CFR 1.16(n)) | * | None | *** | | 1 |
| Application Size Fee (37 CFR 1.16(s)) | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | |

| DATE (S) | ADDI- TIONAL FILE (S) |
|---------------------|-----------------------------|
| 1 | |
| 2 | |
| | |
| | |
| DATE ADDED, FILE | |

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|-----------|-------------------------|
| RATE (\$) | ADDITIONAL: FEE (\$) |
|-----------|-------------------------|

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|--------------------|---------------------|
| RATE (\$) | ADDITIONAL FEE (\$) |
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| | |
| | |
| TOTAL ALERT FEE | |

* If the entry in column 1 is less than the entry in column 2, write 0 in column 3.
 ** If the highest number in column 1 is 0, then the highest number in column 2 is 0.

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 24, enter:

* If the Highest Number Previously Paid For IN THIS SPACE is less than 2, enter:
The Highest Number Previously Paid For IN THIS SPACE is less than 2.

The "Highest Number Previously Paid For" (Total or Independently) is the highest number known to the appropriate law enforcement collection of information is received to 33-655

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For computer assistance in writing, please contact: writing@uconn.edu